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N THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Art Unit: 2131

Filing Date:

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Confirmation No.: 1117

Examiner: Edel H. Quinones

For:

Identification of an Attacker in an Electronic

System

PECEIVED

Technology Center 2100

Honorable Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 C.F.R. §§1.56 and 1.97(c), applicants hereby bring to the attention of the Examiner the following documents listed on the attached PTO Form 1449. This Supplemental Information Disclosure Statement is being filed in the above-identified application before the mailing date of a final Office Action, and is accompanied by payment of the fee set forth in 37 C.F.R. §1.17(p). Therefore, the filing of this Supplemental Information Disclosure Statement is both timely and proper.

Copies of the documents listed on the accompanying PTO Form 1449 are submitted herewith. It is respectfully requested that the Examiner initial and return a copy of the enclosed PTO Form 1449 with the next Patent Office communication.

Applicants hereby authorize the deduction of \$180.00 from Deposit Account No. 08-0219 to cover the submission fee set forth in 37 C.F.R. 1.17(p). The Director is also hereby authorized to charge any additional fees due in connection with the filing of this Supplemental Information Disclosure Statement, or to credit any overpayment, to Deposit Account No. 08-0219.

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Respectfully submitted,

Date: 10/27/04

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